



Michigan Department of Community Health
**Carbapenem-Resistant *Enterobacteriaceae* (CRE)
Surveillance and Prevention Initiative**



- The Michigan Department of Community Health (MDCH) Surveillance for Healthcare-Associated and Resistant Pathogens (SHARP) Unit began a Carbapenem-Resistant *Enterobacteriaceae* (CRE) Surveillance and Prevention Initiative in September 2012
 - Funded entirely by federal grant dollars
 - Granting agency: US Department of Health and Human Services, Centers for Disease Control and Prevention
- Individual cases of most healthcare-associated infections are not mandated to be reported to public health in Michigan, except under specific circumstance:
 - Under the Communicable Disease Rules R 325.171-3, 333.5111, an 'unusual occurrence' and all outbreaks or epidemics are reportable
 - For example, an initial case of CRE in a facility or laboratory is reportable
 - Subsequent individual cases are not unless they exceed a facilities 'normal' rate
 - As such, the true burden of CRE in Michigan is unknown
- MDCH formed a CRE Collaborative group to address the increasing threat of CRE in Michigan
- The CRE Collaborative group is comprised of medical directors, infection preventionists, clinical microbiologists, infectious disease physicians, long term acute care (LTAC) representatives, pharmacists, and public health representatives
- The CRE Collaborative group has developed a voluntary reporting mechanism for CRE
- Twenty-one facilities have enrolled into the Initiative
 - 17 acute care hospitals
 - 4 long-term acute care facilities (nursing homes that provide care similar to an intensive care unit)
- Facilities are distributed across the state, with the greatest concentrations in Southeast and West Michigan
- In March 2013, each facility submitted custom CRE Prevention Plans for immediate implementation
- MDCH collects and compiles all data submitted by the facilities and monitors trends in the data
 - Facilities receive feedback via monthly data reports and monthly newsletters as well as funds for educational and professional development
- To date, MDCH has received 110 reports of CRE from the Initiative's participating facilities
- The CRE Collaborative group remains a source of technical expertise and will continue to provide trainings on various topics for all partners interested in preventing CRE
- **The overall goal of the Initiative is to build regional partnerships within healthcare and public health communities to reduce the spread of CRE in Michigan**

The CRE Surveillance and Prevention Initiative is coordinated by Brenda Brennan, MSPH
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